



# Service Purchase Transfer Form

## 1. Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ (night) \_\_\_\_\_

## 2. Account Information/Distribution Option

Provider Name & Account #	Plan Type	Trustee – to – Trustee Transfer Request
	457 only	Amount requested \$ _____.
	457 only	Amount requested \$ _____.

*Please attach additional sheets if more space is required.*

## 3. Participant Signature

I acknowledge that I understand the contents and affirm that all information that I have provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Instructions

1. Employee contacts IPERS
2. Employee needs cost estimate from IPERS, IPERS' Rollover/Direct Transfer form, and this form
3. Employee sends both completed forms to RIC
4. RIC signs IPERS' form, sends original to employee, keeps copy in file
5. RIC sends letter to provider to request transfer – Check **must** be payable to: IPERS FBO: employee
6. Provider sends check to employee and copy to RIC
7. Employee returns check and IPERS' form to IPERS

### Address for RIC:

Iowa Department of Administrative Services  
Retirement Investors' Club  
Grimes State Office Building  
400 E. 14<sup>th</sup> Street  
Des Moines, IA 50319  
(515) 281-8677